



Institut Pierre Janet

# FROM DISSOCIATION TO INTEGRATION « THE SHIFT TO THE ACT OF TRIUMPH »

First EUROPEAN ESTD's WORKSHOP

DECEMBER 03<sup>rd</sup> 2011 IN PARIS

ADÈLE PICOT 39 rue Notre-Dame des Champs 75006 Paris



 Notre Dame des Champs – line 12 / Vavin - line 4



Register online >>> [www.ietsp.org](http://www.ietsp.org)



Subway Map RATP

This workshop is in English, translated into French by an interpreter.

## MORNING

### 08h00 Registration

### 09h00 Start of plenary sessions

- Presentation of the day by the President and organizers ESTD, IETSP and IPJ
- Presentation of guest , moderator and interpreter, (in english translated into french)

### 09h30 Onno van der Hart

#### « Defining Dissociation in Trauma: Can We Perform an Act of Triumph? »

One of the critical issues involved in the study and treatment of complex trauma-related disorders is the role of dissociation. For some clinicians and researchers, especially in North America, dissociative symptoms are marginal phenomena in trauma, associated with avoidance of traumatic memories. In the literature, explanations of the dissociative nature of these avoidance tendencies are often vague or contradictory. Others propose that dissociation is a core feature of trauma; in harmony with the common understanding of traumatic experiences as "breaking points." According to this view, dissociation entails a division of an individual's personality, i.e., of the dynamic, biopsychosocial system as a whole that determines his or her characteristic mental and behavioral actions, into two or more dissociative parts of the personality. Thus, dissociative symptoms are manifestations of the co-existence of, and alternations among, these parts. These students of dissociation represent a more European perspective, one that is rooted in Pierre Janet's pioneering works. This presentation will offer a thorough critique of the "marginal" view on dissociation as avoidance, expound upon the view on dissociation as a core feature of trauma, and point out its re Phase 2 Treatment: The Integration of Traumatic Memories in Patients with Complex Trauma-related Disorders.

## 10h15 Suzette Boon (NL)

### **An overview of phase-oriented treatment for patients with complex trauma-related disorders**

A phase-oriented treatment model is widely accepted as the most successful among therapists treating complex trauma-related disorders. This model consists of three phases of treatment: (1) stabilization and symptom reduction; (2) treatment of traumatic memories; and (3) personality integration and rehabilitation. The first treatment phase stresses the need for careful pacing and regulation of arousal as many of these patients are phobic for therapy and the therapist, are prone to regulatory difficulties and lack essential life skills. It can be a challenging task to obtain a working alliance with all dissociative parts, an absolute requirement to make the decision to continue in Phase 2, the treatment of traumatic memories. In addition, patients should have learned enough techniques to regulate intense emotions prior to continue with Phase 2 treatment. Unfortunately, not all patients will have the strength or therapeutic potential to do trauma work and thus require continuous support in Phase 1 treatment. When most of the traumatic memories have been integrated and become normal, autobiographical memories, patients enter Phase 3. Major work in Phase 3 is geared towards full realization of what has happened in the past, grieving, and finally learning to lead a more "normal life." This includes for most of these patients more healthy relationships with others, accepting themselves and their body and daring to experiment with new behaviors.

## 11h00 H  l  ne Dellucci (FR)

### **« The use of EMDR in the treatment of patients with Complex Dissociative Disorders related to Trauma »**

Today EMDR is widely recognized as one of the most effective therapies for simple trauma. But if people suffer from complex trauma, with dissociative disorder, EMDR, as it has been invented originally, becomes problematic. The therapist has then to develop his/her art in order to keep the therapeutic process ongoing. Numerous authors conceptualized many different ways of adapting the EMDR standard protocol for those apparently difficult clients. Here also, there is no consensus between therapists who are extremely cautious and take a lot of time before coming to the trauma confronting phase, and those who go earlier to desensitization and do further adaptations. Which are the risks ? How to adapt therapy to the sometimes chaotic life style of the person ? In which ways EMDR could be adapted to overcome this dilemma and be more efficient, even with those clients known as being difficult ?

## 11h45 Pat Ogden (USA)

### **« Striving for Acts of Triumph in Sensorimotor Psychotherapy »**

In the first quarter of the last century, Pierre Janet recommended an integrated approach to the treatment of trauma that addressed both mind and body. He described education about and the practice of integrated physical action and body awareness as interventions that might not only help to alleviate somatoform dissociative symptoms, including disorders of movement and body sensation, but also positively affect the workings of the mind. Janet explored a wide range of body-oriented practices, including awareness of physical sensation, alignment of the spine, containment, defensive actions, economical movement, and even the use of what we now recognize as mindfulness of the body. Janet's perspective on these century-old bottom-up approaches is the precursor of somatic psychotherapies conceptualized and applied in recent times. His writings clarify what has been described as body "memory," as well as the role of the therapist and the therapist's use of his or her own body in teaching patients physical action. This presentation will offer an overview of Janet's somatic approach, focusing specifically on physical "acts of triumph" and the pleasure of the completed action, viewed through the lens of Sensorimotor Psychotherapy.

## 12h30 General questions and closing

## 13h00 LUNCH

**AFTERNOON** (by choice) from **14h30   18h00**

15 minute break at 16h00

## WORKSHOP A Onno van der Hart

### « Phase 2 Treatment: The Integration of Traumatic Memories in Patients with Complex Trauma-related Disorders »

The workshop will help participants to become more knowledgeable and confident in helping their patients resolve traumatic memories. As Pierre Janet noted, when traumatized individuals are confronted with a reactivation of their traumatic memories, "they are continuing the action, or rather the attempt at action, which began when the [trauma] happened; and they exhaust themselves in these everlasting recommencements" (1919/25, p. 663). In other words, they are unsuccessful in their attempts to adapt to these unbearable experiences; they are unable to bring about a closure of these attempts at action. In the context of a phase-oriented treatment model--consisting of (1) stabilization, symptom reduction, and skills training; (2) treatment of traumatic memories; and (3) personality (re)integration and rehabilitation--Phase 2 treatment aims at assisting patients to effect an inner reorganization that allows them to bring the traumatic experience to an end; in Janet's words, to perform the acts of liquidation. Following Janet, the theory of structural dissociation distinguishes two levels of interventions in the integration of traumatic memories: guided synthesis (which may take many forms, including EMDR) and guided realization. This workshop will help participants to develop an understanding of these two levels of integration and the therapeutic interventions involved, as well as to become knowledgeable about essential preparatory work which has to be completed before treating the traumatic memories in a sequential manner. Without such preparation, memory work can be de-stabilising. Therapists need to have a good understanding of the dissociative personality organization that exists in these patients, including dissociative parts, their strengths and deficits, and their interrelationships. They need to treat these deficits, such as affect dysregulation, and help patients to develop the necessary resources for the treatment of traumatic memories to be successful.

## WORKSHOP B Suzette Boon

### « Diagnosis of dissociative disorders, real or simulated »

Chronic Dissociative Disorders (especially DID, DDNOS and depersonalization disorder) can be perceived as complex posttraumatic disorders. Despite the original contributions of the French psychiatrist and psychologist Pierre Janet, these disorders have been (and still are !) neglected in mainstream psychiatry. In the last two decades the interest in trauma and trauma-related disorders is growing however. Dissociative disorders are not easy to diagnose for the following reasons: (1) Patients generally do not present with dissociative symptoms but have a tendency to hide or dissimulate these symptoms; (2) There is a lot of overlap with other disorders such as complex PTSD and cluster B personality disorders; (3) Trauma-related disorders are not "brought together" in DSM-IV and ICD-10; (4) Clinicians do not receive systematic education with regard to diagnosis and treatment of dissociative disorders; and (5) There is an ongoing polarized debate about the existence of DID as a reliable and valid diagnosis. As a consequence of poor recognition of dissociative symptomatology, patients with complex dissociative disorders may spend many years in the mental health system, often with different diagnoses, without being treated for their core problems. In this workshop, I will give a general overview of the DSM-IV and ICD-10 dissociative disorders. I will discuss several screening instruments and diagnostic assessment tools for dissociative disorders, followed by a presentation of the symptom clusters of the two most chronic and prevalent dissociative disorders, Dissociative Identity Disorder (DID) and Dissociative Disorder not otherwise Specified (DNOS). I will use video material to clarify the presentation of different dissociative symptoms.

## WORKSHOP C H el ene Dellucci

### « The use of EMDR in the treatment of patients with Complex Dissociative Disorders related to Trauma »

In this workshop will be presented a protocol which integrates the actual knowledge about working in EMDR with people who have complex trauma. This protocol allows the therapist to adapt to each client, and to the events which can occur in therapy, without getting lost in the treatment plan. Briefly there will be addressed a therapeutic positioning, which allows a clear and precise role distribution between therapist and client, which is protecting for the therapist, and helps the client to implement his own resources.

Some words about mirror neurons and physiological adjustment will close this workshop.

## WORKSHOP D Pat Ogden

### « Sensorimotor Psychotherapy in the Treatment of Patients with Complex Trauma-related Disorders »

Early relational trauma impacts the developmental trajectory of the right brain and strongly shapes implicit procedural memory, evidenced by habits of body posture, movement, affect regulation and other forms of non-verbal communication. Research has elucidated the importance of specific self-regulatory and integrative physical actions in early attachment bonds, such as self-touch, eye-gaze, and postural changes, in attachment communications. Non-verbal cues such as these provide a potent target of therapeutic intervention that seeks to resolve the results of trauma and attachment failure and integrate the body as well as the mind. Combining cognitive with somatic interventions that regulate affect, teach integrated physical action, and align posture and structure can help to alleviate complex trauma-related disorders resulting from early relational trauma. The presenter will clarify the theory of structural dissociation of the personality, which is highly relevant for understanding and treating trauma-related attachment disturbances and their somatic manifestations, and demonstrate how to directly address procedurally-learned, non-verbal phenomena in clinical practice. Body-based interventions to treat dissociation, dysregulated hypo- and hyper arousal, unresolved disorganized/disoriented attachment and alexithymia, will be illustrated using principles of Sensorimotor Psychotherapy, video taped excerpts of sessions with patients, handouts, and brief experiential exercises. Sensorimotor Psychotherapy is conducted within a phase-oriented treatment approach and this presentation will address interventions for all three phases of treatment: stabilization and symptom reduction, work with traumatic memory, and re-integration.

**END OF THE WORKSHOP : 18h to 18h30** Questions - synthesis : presentation of the next workshop and European Congress of Berlin - Germany 2012



# Institut Pierre Janet

[www.pierre-janet.com](http://www.pierre-janet.com)

# IETSP

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